

distribution changes in an inverse manner, being for the first age 45 per cent.; for the second, 28; for the third, 20; and for the fourth, 10 per cent. only; not more than one-fourth of what it was before 30. Then, on the female side, we have results agreeing sufficiently with those just stated on the male to render it probable that there is something more than chance in the matter. On the female side we obtain the following facts:—*morbus cordis* gives for the ages 15 to 30, 15 per cent.; from 30 to 50, 17 per cent.; and from 50 to 70, the ratio rises to 29 per cent., and, above 70 years, to 33½ per cent.: while on the female, as well as on the male side, phthisis seems to decline with age, being for the first interval of age 24 per cent.; for the second, a little more than 17 per cent.; and for the third, about the same, 16·4; and for the fourth, only 5 per cent. Now the conclusion to which these facts lead, viz. the superior prevalence of *morbus cordis*, as compared with true phthisis, at advanced ages, is confirmed by several passages in the classical work of Sir James Clark, especially by statements illustrating the influence of sex and age in the production of phthisis. In Chapter VIII tables are given, exhibiting the mortality from phthisis in persons above 15, in seven cities of Europe and America, which show that in almost each city there is a pretty uniform decline in the ratio of deaths from phthisis, from 20 years to extreme age; and the facts furnished by the excepted city, viz., Berlin, are at least a century old, being taken from Süssmilch. In Edinburgh the ratio declines from ·285 at 20 years to ·052 above 60 years; at Nottingham, from ·416 to ·017, in the same period of time; at Chester, from ·245 to ·054; at Carlisle, from ·290 to ·097; and at Paris, according to Louis, from ·325 to ·042; while the general average decline was from ·285, or 28·5 per cent., at 20-30, to ·078, or 7·80 per cent. above 60.

"The following unpublished table, deduced some time since by my brother, Dr. G. Clendinning, now not in the profession, from observations registered at the Mary-le-bone Infirmary, confirms the results to which Sir J. Clark's inquiries have led him.

"Of 1044 deaths from phthisis occurring in the workhouse and infirmary, jointly, of the parish of Mary-le-bone, between May, 1821, and December, 1835, the distribution according to age was as follows:—

		Number of Deaths from Phthisis.	Per centage Proportion at each Age.			Number of Deaths from Phthisis.	Per centage Proportion at each Age.
From	Under 5 years	70	8·33	From 50 to 60 years		121	11·59
	5 to 10 "	17		" 60 " 70 "		97	9·29
	" 10 " 20 "	53	5·08	" 70 " 80 "		45	4·31
	" 20 " 30 "	247	23·66	" 80 " 90 "		7	0·67
	" 30 " 40 "	223	21·36				
	" 40 " 50 "	164	15·71	Total		1,044	100·

"According then to the above, and Sir James Clark's table, the distribution of phthisis according to age is nearly such as I have stated, viz., phthisis declines in frequency soon after puberty, and has been comparatively rare in middle life; when it is for the most part superseded, as I conceive, in frequency and fatality, by *morbus cordis*; and in extreme age it has disappeared nearly altogether. It is to be regretted that, with respect to *morbus cordis*, I am precluded from producing a similar confirmation of my results, partly owing to the frequent exclusion of aged people from hospitals, and partly owing to the neglect of instrumental means of *post-mortem* diagnosis, and the confidence misplaced by pathologists in their manual and visual skill."

61. *A Statistical Inquiry on Fever.* Dr. A. S. THOMSON has collected and published in the *Edinburgh Medical and Surgical Journal*, for July, 1838, some very interesting statistical information respecting fever in Great Britain, and has endeavoured to ascertain from these sources the prevalence, susceptibility, intensity, and prognosis of the disease. The details are too copious to be inserted entire,

and do not admit of abridgment, but the following are the results as summed up by the author.

1. That the annual ratio of deaths from fever in London, have decreased since the commencement of the 18th century.
2. That the susceptibility to be attacked by fever is greatest among individuals under 10 years of age, and from 20 to 30.
3. That the period of life during which the highest ratio of mortality occurs from fever is from 40 to 50.
4. That there is no very apparent difference in regard to one sex being more susceptible to fever than the other.
5. That the annual ratio of deaths by fever is nearly twice as great among the male as the female population.
6. That there is about 1 death for every 15 persons attacked by fever.
7. That the intensity of fever increases with the age of the patient about 34 per cent. every decennial advance in life.
8. That attacks of fever are one-third more intense among males than females.
9. That fever is most prevalent from July to December inclusive.
10. That the intensity of fever is much greater during January, February, March, April, and May, than at any other part of the year.
11. That during those months fever is most prevalent, the temperature and quantity of rain is considerably greater than during those months fever is not so prevalent.
12. That during those months fever is most intense, the temperature and quantity of rain is comparatively low.
13. That medical treatment has a powerful effect in lessening the danger or number of deaths from fever.
14. That early medical treatment shortens the duration of fever.
15. That the mean duration of fever among individuals under 40 is shorter than among those above that period of life.
16. That the general prognosis of fever is favourable, there being 14 chances to 1 that the patient will recover.
17. That the prognosis of fever becomes less favourable as the patient is advanced in life, the intensity of the disease being nearly twice as great at 41 years of age as at twenty-one.
18. That the prognosis of fever is one-third more favourable among females than males.
19. That the prognosis of fever is more favourable from June to December, than from January to June.
20. That the prognosis of fever is one-half more favourable among patients who come under medical treatment before the 7th day of the disease, than those who are admitted at a later period.
21. That the prognosis of fever is unfavourable when there are cerebral or thoracic complications.
22. That the second week of fever is the most dangerous.

Out of 1000 cases passing through this week 82 died.

62. *Proportion of the Sexes at birth in legitimate and illegitimate children.* The fact of there being born a greater number of male than of female children is a curious and inexplicable one, but it is still more curious that the number of males is greater among children born in wedlock than among illegitimate children. In France, it appears from the registers of fifteen years from 1817 to 1831, which embrace more than ten millions of births, the absolute proportion of boys to girls is, 106.5 of the former to 100 of the latter. In the legitimate children the proportion is 106.7 boys to 100 girls; and among the illegitimate children 104.8 boys to 100 girls. The results are the same in Austria, Prussia, Sweden Wurtemberg, and Bohemia as in France, as is shown by the statements published by Professor Bernouilli of Basle.

The list of births and deaths in Berlin for the month of March, 1838, exhibit the same fact. Thus there were born this month 875 infants, of which 472 were boys and 403 girls. The number of illegitimate births were 129, of which 68 were girls and 61 boys.—*Bulletin Général de Thérapeutique*, August, 1838.

ANIMAL CHEMISTRY.

63. *Presence of Quinine in the Urine of persons who had taken it in large doses.*—The presence of quinine in urine was first detected by M. Lavallee, in 1836. More recently, (May, 1838,) M. QUEVENNE detected this substance in the urine